

Application for Highland Park ISD Meal Assistance Program – Please send along with income verification

For School Year: **2026-2027**

1. Child's Name: _____ Address: _____ Grade: _____ Campus _____ Student ID # _____
Child's Name: _____ Address: _____ Grade: _____ Campus _____ Student ID # _____
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Child's Name: _____ Address: _____ Grade: _____ Campus _____ Student ID # _____
Child's Name: _____ Address: _____ Grade: _____ Campus _____ Student ID # _____

2. Is this a FOSTER CHILD? ____yes ____no If this is a foster child, write child's monthly personal use income here: \$ _____. Go to section #5.

3. Are you getting SNAP or TANF benefits for your child? List the CASE number. Do NOT complete Section #4. Go the section #5.

SNAP case number: _____ TANF case number _____

4. List All Household Members (Definition of Household Member: anyone who is living with you and shares income and expenses, even if not related). List all household members, including the children listed above. List all income. **Please remember to submit verification of income with your application** (See application instructions for forms of income verification).

Names

Names of **All** Household Members (First & Last)

If you need more spaces, Attach a separate sheet

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Average Monthly Income

Monthly Earnings from
All Income Sources
before Deductions (Employment, Monthly Welfare, Child Support, Alimony, Pensions, Retirement, Social Security,
Unemployment, Other Income, Etc...)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Total Number of Household Members: _____

5. Signature & Contact Information: I certify that all of the above information is true and correct and that all income is reported. I understand that this information will be reviewed by the Cafeteria Lunch Assistance Team and that deliberate misrepresentation of the information may result in the termination of any financial assistance and ineligibility for further assistance.

Signature of Parent/Guardian: _____

Printed Name: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ E-Mail _____ Date: _____

*School officials may ask for further additional documentation. **All Information provided will be kept confidential.***

BENEFITS DETERMINATION: _____ Approved
_____ Denied